## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED Mar 08, 2001 8:00 am DOCUMENT # **P98000104931 Secretary of State** TELECOMMUNICATIONS ACCESS MANAGEMENT, INC. 03-08-2001 90029 030 \*\*\*158.75 Principal Place of Business Mailing Address 400 W. MONROE ST. P-O-BOX-440161-ACKSONVILLE FL 32222 ACKSONVILLE FL 32202 817271 Principal Place of Business 1800 Executive Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3599033 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ERVIN, KRIS A Street Address (P.O. Box Number is Not Acceptable) 408 W. MONROE ST. JACKSONVILLE FL 32202 32207 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida <u>3-1-200</u> **SIGNATURE** gistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PΠ TITLE Delete TITLE **ERVIN, KRIS** NAME NAME xecutive Center IX. STREET ADDRESS 408 W. MONROE ST. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE SLININ, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 408 W. MONROE ST. CITY+ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Addition TITLE TITLE Delete SMITH, MARIA D NAME NAME STREET ADDRESS STREET ADDRESS 408 W. MONROE ST. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32202 TITLE Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE TITLE Addition Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.